

FY2007 Application
Individual Artist Professional Development
Grant Program
Application Deadline: 5/15/2006 and 11/1/2006

THIS FORM MUST BE TYPED. No handwritten applications will be accepted. Please refer to the guidelines and instructions.

APPLICANT INFO. US Congressional District _____ KY Senate District _____ KY Congressional District _____ To lookup district info, use www.vote-smart.org/index.phtml or Call your County Clerk's office.	Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.				
	First Name		Last Name		
	Street Address				
	City		State	Zip Code - Plus 4	County
	Daytime Phone #		Second Phone #	FAX #	
	E-Mail Address				
Web Address					
PROJECT INFO.	Project Title (short phrase)				
	Project Beginning Date		Project End Date		
	Amount Requested		Required Match Amount		
Check the one(s) <input type="checkbox"/> that represent(s) your race/ethnicity. Select ALL that apply.	Grantee Race / Ethnicity: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino </div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White </div> </div>				
	Project Race / Ethnicity: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian/Alaska Native Individuals <input type="checkbox"/> Asian Individuals <input type="checkbox"/> Black/African American Individuals <input type="checkbox"/> Hispanic/Latino Individuals </div> <div> <input type="checkbox"/> Native Hawaiian/Pacific Islander Individuals <input type="checkbox"/> White Individuals <input type="checkbox"/> No Single Group </div> </div>				

KAC Staff Use ONLY					
FY: <u>2007</u>	APP #: _____	CLIST #: _____			
App Status: <u>01</u>	App Institution: <u>01</u>	App Discipline: _____			
Project Disc: _____	Activity: _____	Project Race: _____			
AIE Percent: <u>99</u>	AIE Description: <u>99</u>	Project Descriptors: <u>N/A</u>			
Grant Program: <u>APD</u>	Grantee Race: _____	Date Received: _____			

Project Budget

Please complete the project budget form. If you prefer, you may duplicate the form on a separate document and include it as an attachment.

Project Income

Grant Request (up to \$500) _____

Your Match (equal to, or greater than, the grant request) _____

Total Income _____

Project Expense

Registration Fees (workshops, conferences, etc.) _____

Supplies _____

Travel (e.g., car, airfare, lodging and meals) _____

Other (please list) _____

Total Expenses _____

Total income should equal total expenses. Please round off all figures to the nearest dollar.

Instructions for Completing Application Narrative

To assist panelists in reading your application, duplicate the number and heading of each Performance Expectation (i.e., 1. Professional Development / Career Advancement) before your response to that item. Place your name and the words "Individual Artist Professional Development Grant" on the upper right-hand corner of each page.

Narrative Outline

Please respond to each of the Performance Expectations below on a total of two pages or less. Make sure that your narrative addresses each bulleted item.

1. Professional Development / Career Advancement (60%):

- Briefly describe your arts background and past and current professional arts experiences. Describe how they are related to the proposed activity.
- Describe the activity that you are proposing and how it will provide you with a **new or expanded opportunity** for professional development.

- Describe your professional and creative goals as an artist and how the proposed activity will support these goals and contribute to your career advancement.

2. Planning (20%):

- Describe your planning for the proposed activity and for related costs. Explain what you have done or will do to prepare for the activity.

Please note: In addition to addressing the bulleted items above, support materials related to the proposed activity are required and must be attached to the proposal. Materials might include letters of invitation or acceptance, a workshop or class registration form, written quotes or cost estimates of work or travel related to the request. If your activity does not involve a confirmation or registration, you must provide a timeline and budget for the proposed activity.

3. Proficiency in Art Form (20%):

- Describe the work samples you have submitted including technical and creative processes involved.

Note: This criterion is based upon the work samples submitted, and the narrative response.

Application Checklist

Include this application checklist as the first page of your application package.

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following **mandatory information**:

One signed original of the following:

- ☐ Individual Artist Professional Development Grant Application and two-page Narrative

One copy of the following:

- ☐ Support Materials: Confirmation of proposed activity (registration form, letter of invitation, brochure, workshop or instructor information, etc.). If a registration form or confirmation is not applicable to your proposal, provide a timeline and budget for your activity. Written estimates for work should be attached.
- ☐ Work samples. (A resume or bio may fulfill this requirement IF applicant is a new artist seeking funding for the creation of work samples. For artists NOT submitting work samples, a resume or bio is REQUIRED for the application.)
- ☐ Work sample index.

Optional Materials (one copy) of the following: *In order to be competitive in this category, the following items are suggested:*

- ☐ Your resume or bio (two-page maximum). *Note:* For artists NOT submitting work samples, a resume or bio is REQUIRED for the application.
- ☐ Other related marketing or promotional materials, letters of support, sample brochures, etc.

If you would like the return of work samples, please enclose the following:

- ☐ Self-addressed, **AND** stamped mailer for return of supporting materials.

Applicant Signature

I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Applicant (Type Name) _____

Applicant Social Security # _____

Mailing Address for Completed Application

Kentucky Arts Council
Capital Plaza Tower
500 Mero Street
21st Floor
Frankfort, KY 40601

Work Samples

(▲ = audio ▼ = video ♦ = slides ■ = writing)

For the Individual Artist Professional Development Grant, submit one copy of each sample.

DO NOT SUBMIT ORIGINALS.

AUDIO/VIDEO/FILM WORK SAMPLE REQUIREMENTS

▲ Audio: Cassette Tape or Compact Disc

Applicants may submit up to three separate samples of work. When submitting CDs, indicate the tracts for review. When submitting video or audio cassettes, cue the tape to the desired place.

Label each case with artist name, title of work, total running time and date completed. This information must also be typed on the *Audio/Video/Film Work Sample Index*.

TIP: Panelists have a limited time to evaluate each taped work sample. It is important that the strongest portion of any sample is presented immediately when the tape is played. Tape samples not properly cued, or cued to sections that do not present the strongest artistic quality, generally reflect poorly on the application as a whole. Extensive portions of each complete work may be reviewed at the panelists' discretion.

▼ Film/Video: VHS videotape:

Applicants may submit up to three sample works.

Film and Video samples must be submitted on standard VHS tape. Work submitted on other formats will not be reviewed by the panel.

Label the tapes with the name of the artist or organization, title of the production and total running time. This information must also be typed on the Audio/Video/Film Work Sample Index.

■ WRITING WORK SAMPLE REQUIREMENTS

Applicants may submit one or two sample works, up to the following: **Poetry:** 15 numbered pages (*one sample may include several pieces from a single collection or publication*); **Fiction and Creative Non-Fiction:** 20 to 30 numbered pages; **Scripts:** A scene or a play, not to exceed 50 typed conventional script pages; **Librettos:** (Opera or Musical Theatre). See requirements for scripts and include three audio tapes and/or musical scores according to format for composers.

❖ **SLIDE REQUIREMENTS**

For the Individual Artist Professional Development Grant, artists may submit up to four slides. The importance of quality slides cannot be overemphasized. Slides are the means by which you show your work; therefore, good slides are extremely important! Your slides should have no visual interference-leave the back door and the bedroom wallpaper out of your shots. The most effective slide presentation is one that shows panelists a cohesive, consistent, developing body of your latest work. Select slides representative of your style and sequence your slides in a way that will enhance the panelists' understanding of the direction of your work, and draw their attention to your most significant pieces.

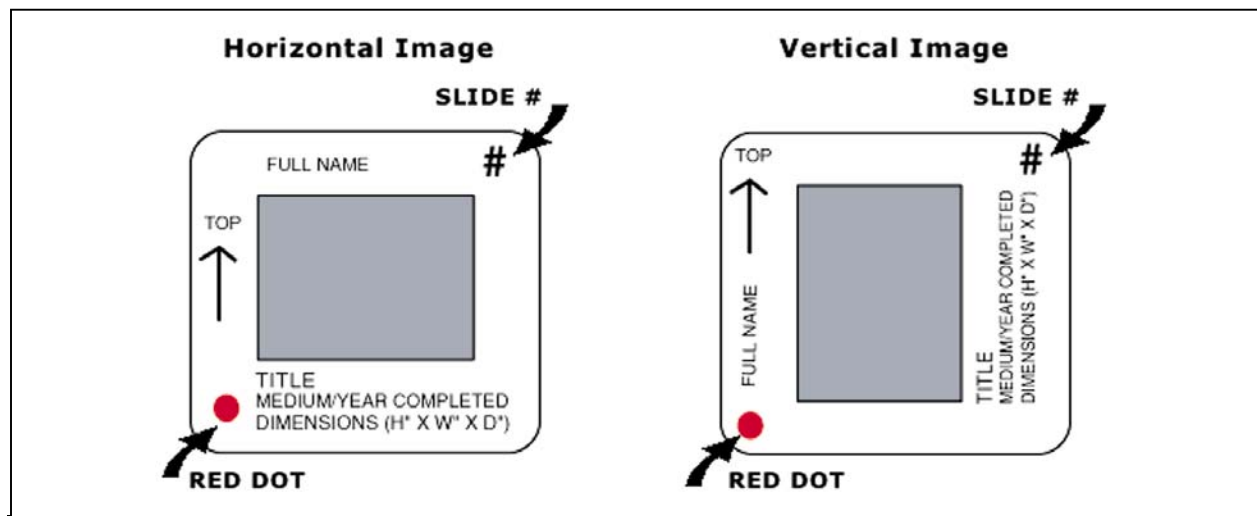
Submit 2" x 2" slides of recent work and number them in the order you want them to be projected during the panel review. The Kentucky Arts Council may retain the slides of award and grant recipients so **do not send originals**. The slides must be in good condition, mounted in sturdy cardboard or, preferably, plastic, which is less subject to damage.

Label the front of the slides providing the information requested. Type or neatly print in the exact format shown in the example below. When applying labels, position them carefully so they do not curl over the edges of the slide mount, which can cause sticking and jamming. Information on slides must correspond in sequence with the slide list.

- Print or type your full name in the upper left corner.
- Number the slides in the upper right corner of the slide mount.
- Place a red dot in the lower left corner to ensure that slides are oriented properly in the carousels. The dot must be large enough to be clearly seen. Use Avery 1/4" red dots or a red pen.
- Draw an arrow in the left margin of the slide mount indicating the top of the image.
- The bottom of slide should be marked with Title/Medium/Year Completed, and Dimensions (H" x W" x D")

Place your slides in an 8 ½" x 11" slide sheet. The pockets should hold the slides securely.
Loose slides or slides in boxes will not be accepted.

HOW YOUR SLIDES SHOULD LOOK:



KENTUCKY ARTS COUNCIL AUDIO OR VIDEO WORK SAMPLE INDEX

Applicant's Name: _____

Address: _____

City: _____ **State:** _____ **Zip code + 4:** _____

Day Phone: _____ **Email:** _____

Check appropriate work sample documentation category:

☐ Audio Cassette ☐ Video ☐ CD

WORK SAMPLE 1

1. Title of Work: _____

2. Brief description: _____

3. Applicant's role/responsibility in the work: _____

4. Dates created, composed, performed, produced, or premiered: _____

5. Is this an ☐ **Entire work or a** ☐ **Segment**

If a Segment, did you enclose a tape of the entire work? **NO** ☐ **YES** ☐

6. Total playing time of complete work: _____

7. Total playing time of segment (CDs excepted): _____

8. Did you cue tape to beginning of segment? _____

WORK SAMPLE 2

1. Title of Work: _____
2. Brief description: _____

3. Applicant's role/responsibility in the work: _____

4. Dates created, composed, performed, produced, or premiered: _____

5. Is this an ☐ Entire work or a ☐ Segment
If a Segment, did you enclose a tape of the entire work? NO ☐ YES ☐
6. Total playing time of complete work: _____
7. Total playing time of segment (CDs excepted): _____
8. Did you cue tape to beginning of segment? _____

WORK SAMPLE 3

1. Title of Work: _____
2. Brief description: _____

3. Applicant's role/responsibility in the work: _____

4. Dates created, composed, performed, produced, or premiered: _____

5. Is this an ☐ Entire work or a ☐ Segment
If a Segment, did you enclose a tape of the entire work? NO ☐ YES ☐
6. Total playing time of complete work: _____
7. Total playing time of segment (CDs excepted): _____
8. Did you cue tape to beginning of segment? _____

KENTUCKY ARTS COUNCIL WRITING WORK SAMPLE INDEX

Applicant's Name: _____

Address: _____

City: _____ **State:** _____ **Zip code +4:** _____

Day Phone: _____ **Email:** _____

Check appropriate work sample documentation category. (All sample work should be submitted within one category.)

☐ Poetry ☐ Fiction ☐ Creative Non-Fiction ☐ Scriptwriting ☐ Libretto

Please number your work samples and use as many pages as necessary for the required number of work samples.

WORK SAMPLE #1

1. Title of Work: _____

2. Brief description: _____

3. Date Completed: _____

4. Publisher: _____ **Date of publishing:** _____

5. Is this an ☐ **Entire work or a** ☐ **Excerpt?**

6. Number of pages _____ **(Entire work)** **or number of pages** _____ **(Excerpt).**

WORK SAMPLE #2

1. Title of Work: _____

2. Brief description: _____

3. Date Completed: _____

4. Publisher: _____ **Date of publishing:** _____

5. Is this an ☐ **Entire work or a** ☐ **Excerpt?**

6. Number of pages _____ **(Entire work)** **or number of pages** _____ **(Excerpt).**

KENTUCKY ARTS COUNCIL SLIDE INDEX

Applicant's Name: _____

Address: _____

City: _____ **State:** _____ **Zip code +4:** _____

Day Phone: _____ **Email:** _____

Applicant must include complete information. List the specific medium used in each work.
Dates must be provided. Space is available to include additional details about each piece.

1. Title: _____ **Date:** _____

Dimensions: _____ **Medium:** _____

Comments: _____

2. Title: _____ **Date:** _____

Dimensions: _____ **Medium:** _____

Comments: _____

3. Title: _____ **Date:** _____

Dimensions: _____ **Medium:** _____

Comments: _____

4. Title: _____ **Date:** _____

Dimensions: _____ **Medium:** _____

Comments: _____
